

# MICHIGAN POLICE SHOOT REGISTRATION FORM

SHOOT DATE: **September 4, 2003**

ATTENTION: All shooters will be required to execute a liability of waiver form on the day of the shoot.



## REGISTRATION FEES

Entry Forms received **on or before September 3, 2003** have an entry fee of **\$25.00** per shooter.

**On-site registration** is **\$30.00** per shooter. **Retirees** registration fee is **\$20.00** per shooter.

Please complete this form and return it to the Michigan State Police, Training Division, 7426 N. Canal Rd., Lansing, MI 48913. **PLEASE PRINT OR TYPE THE NAME OF EACH SHOOTER** for each team. Please enter the team captain's name where indicated, and identify any female shooters. Substitutions will be permitted until the match begins. Please make your **registration fee** (noted above) **payable to the Michigan Association of Chiefs of Police**. **Registration fees can be mailed with registration forms, or paid on the day of the shoot.**

PRINT OR TYPE FIRST AND LAST NAME (Identify any Female shooters)

### TEAM # 1

Team Captain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELAY NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TEAM #2

Team Captain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELAY NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TEAM #3

Team Captain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELAY NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TEAM #4

Team Captain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELAY NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED INFORMATION-PLEASE PRINT OR TYPE

Department Name: \_\_\_\_\_

Department O.R.I. Number: \_\_\_\_\_

Number of Full Time Sworn Personnel - 07/01/03: \_\_\_\_\_

Contact Person-Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## CHIEF'S MATCH

I am planning to enter the Chief's match? **Yes** \_\_\_\_ **No** \_\_\_\_

Have you ever won the chiefs match gun? **Yes** \_\_\_\_ **No** \_\_\_\_

(Chief, Sheriff, Commissioner, Director of Public Safety)

Rank and Name: \_\_\_\_\_